

Name in Full

Certificate of Death

Leach, Mackery

Town

County

Died at

Mt. Airy, N.C.

MARYLAND

| | | | | | | |
|-------|-----|----|----|----|-----------|------------|
| Month | Day | Y. | M. | D. | Native of | Occupation |
|-------|-----|----|----|----|-----------|------------|

Date 189

Jan 20th Age 67-

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

La Grippe

How long sick

Death

Immediate

Pneumonia

Accident, Suicide, Homicide

Reported by

John B. Brown

Address

Emmittery Rd

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79228



Mrs. Elizabeth Marple
 Town County

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

Age

86

P. M.

Male

White

Married

Widow

Divorced

Female

Colored

~~Single~~

Widower

Number of children living

one

Husband

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Matthew S. Marple
 of
Missionary
 Maiden Name

Primary *General Debility*
 Immediate

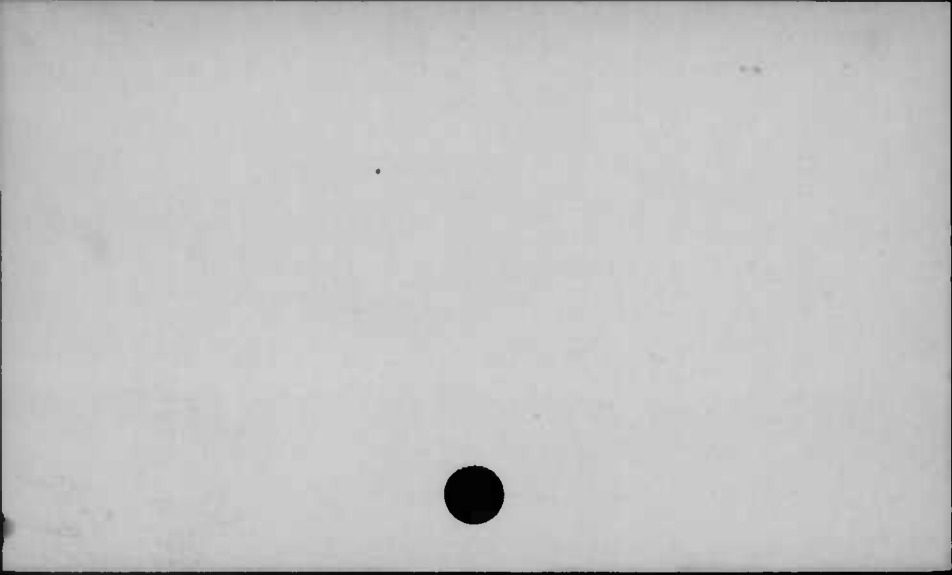
How long sick

80 days

Accident, Suicide, Homicide

C. F. Hargis

Pocomoke City



Name in Full

Certificate of Death

Elsie Eugene Mausel

Died at

Calumet

County

Batts Co

MARYLAND

Date 189

8.

Month

Day

Jan 9

Age

Y.

M.

D.

- 4 4

Native of

Md

Occupation

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~~~Number of children living~~Husband
of
WifeFather's
Name

George John Mausel

Mother's

Name

Rennie Irene Mausel

Cause of

Primary

Marasmus. 82

How long sick

3 months

Death

Immediate

Asthma

Accident, Suicide, Homicide

Reported by

Dr C L Maffelatt

Address

Calumet Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 88968

Name in Full

Certificate of Death

Mrs. Elizabeth Martin
 Died at *Union Bridge* *Carroll* *MARYLAND*

Date 189 *7* *19* *60* *Md.*
 Month Day Y. M. D. Native of Occupation
 Male *White* *Married* *Widow* *Divorced*
 Female *Colored* *Single* *Widower* Number of children living *7*

Husband of *Mrs. Martin*
 Wife *Stansbury*
 Father's Name *Stansbury* Mother's Name *Stansbury*

Cause of Death { Primary *Typhoid* / How long sick *25 days*
 Immediate Accident, Suicide, Homicide

Reported by *M. L. Stansbury Brown M. H.*
 Address *Union Bridge*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

George Mason
Hagerstown

Died at

Town

County

MARYLAND

Date
of death 190

Month

Day

Age

Years

Months

Days

Sex

Male

Color or
Race

Colored

Birth-
place

Unknown

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Unknown

Father's
Birthplace

Unknown

Mother's
Maiden Name

Unknown

Mother's
Birthplace

Unknown

Name of person giving
Information

How related
to deceased

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address



Accident or Suicide

PHYSICIAN
OR CORONER



Name in Full

Certificate of Death

Died at

John H. Mathews

Town

County

Catonsville Bulloch

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Nature of

Occupation

7-19

Age

24

He S

Male

~~White~~

Married

Widow

Divorced

~~Female~~

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Frank J. Mathews

Mother's

Name

Josephine Mathews

Cause of

Primary

Tuberculosis

82

How long sick

One month

Death

Immediate

Accident, Suicide, Homicide

Reported by

J. Chat Macmill

Address

Catonsville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65988



Name in Full

Certificate of Death

Crawk Matthews

Town

County

Died at

Chestutown

Kent

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

7

2

7

--

--

Kent

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Mr J. Matthews

Mother's

Name

Penceope Roland

Cause of

Primary

Meningitis

399

How long sick

Death

Immediate

Convulsions, 24 hours

Accident, Suicide, Homicide

Reported by

W Frank Heines

Address

Chestutown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

MD

LIBRARY BUREAU, BUREAU



Name in Full

Mrs. Mary L. Matthews

Town

County

Balto.

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

4 13

Age

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living 1

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

Pneumonia

72

How long sick

Accident, Suicide, Homicide

Reported by

Towson Union

Address

4-21-1900

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Mrs. Sarah Moul

Town

County

Died at near Crumpton

Queen Anne

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

Age

47

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

9

Husband
of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Consumption

How long sick

22^a

Death

Immediate

Accident, Suicide, Homicide

Reported by

Enterprise

12-20

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78898



Certificate of Death

Died at *Rest Haven* *Baltimore* MARYLAND

| | | | | |
|--------|--------------------|--------------------|---------|---------------------------|
| Male | White | Married | Widow | Divorced |
| Female | Colored | Single | Widower | Number of children living |

Father's Name Amos H. Comas Mother's Name Susanna H. Comas

| | | |
|----------|--|-----------------------------|
| Cause of | <div style="display: flex; align-items: center; justify-content: center;"> <div style="font-size: 4em; margin-right: 10px;">}</div> <div> <div>Primary</div> <div>161</div> <div>Immediate</div> </div> </div> | How long sick |
| Death | | Accident, Suicide, Homicide |

Reported by Salvador M. Gomez

Address _____ 10-10

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, REDEB

WATSON



Name In Full

Certificate of Death

Priscilla Mc. Donald.

Town

County

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

MARYLAND

Date 19

Age

70

St. Mary's

Housewife

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

9

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Apoplexy

How long sick

24 hours

Death

Immediate

Accident, Suicide, Homicide

Reported by

Th. Byers

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 70039



Margaret-Jane McDowell

Died at

Rowlandsville ^{town} ^{County} Cecil

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

4 23 Age 77.5 23

Ind Housewife

~~Male~~

White

Married

Widow

Divorced

Female

Colored

Single

~~Widower~~

Number of children living

5

Husband

of

Wife

Father's

Mother's

Name

Name

Cause of

Primary

Pneumonia

72

How long sick

5 days

Death

Immediate

1.

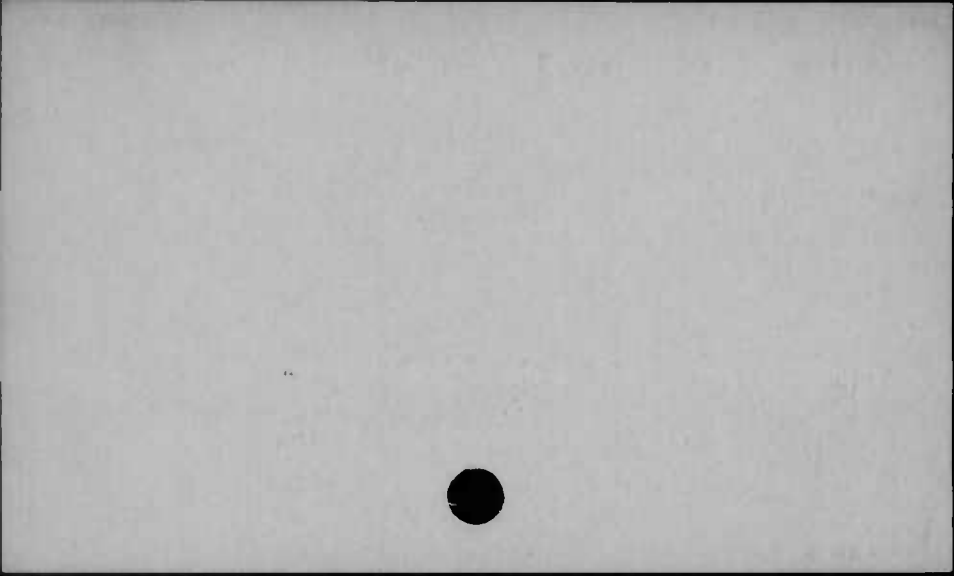
Accident, Suicide, Homicide

Reported by

Address

R R Grier

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



25506 Daniel M. Geyer
 Sparrows Point, Balt. Co. Mr.

Died at 8 Month 7 Day Date 189 Y M D. Native of Occupation

MARYLAND

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Mother's

Name

Cause of Primary

Dant. M. Geyer

How long sick

Death Immediate

148

Accidental Drowning

Accident, ~~Subd.~~ ~~Home~~

Reported by

Sumner M. Drayer, Justice of Peace

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Hurlburt Dashields McEntyre

Town

County

Died at Chestertown Kent

MARYLAND

Date 189

Aug. 17th

Age 1-1-

Native of

Va.

Occupation

—

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~~~Number of children living~~

Husband of

Wife of

Father's Name Saml. T. McEntyre

Mother's Name Mary E. McEntyre

Cause of Primary

Age 105-

How long sick 2 weeks

Death Immediate Colera Infantum

~~And, Suicide, Homicide~~

Reported by John N. Dodd Undertaker

Address Chestertown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7500R

Attended by Dr. H. L. Dodd
of Chestertown

Seen by Coroner _____
of _____

Information contained in this certificate r

ceived from Its Mother
of New Port News, Va.

Mary Louisa McLaine

Town

County

Died at

Crownings Cecil

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

Feb. 18th

Age

47

U.S.

Housewife

~~Male~~~~White~~

Married

Widow

~~Divorced~~

Female

Colored

~~Single~~~~Widower~~

Number of children living

7

Husband

of

Wife

Father's

Name

Lewis McLaine

Mother's

Name

256

Cause of

Primary

Cancer of Stomach & Liver near 2 years

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

J. A. Peoples M. &

Address

Kirk's Mills

Pa.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

John M. Williams

Town

County

Died at

near Branchville S. C.

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

buried July 31 Age about 70

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widow

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

don't know

How long sick

Death

Immediate

Accident, Suicide, Homicide

161

Reported by

over

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 6596R

2nd Letter Nov. 15 ^{at}/₁₁

ans Nov 15
Nov 14

Attending physician was Dr. Jose Sam. told
of Beltsville

Information contained in this card was received from -----
of -----

Name in Full

Certificate of Death

X

Muller

Died at Brandon Town Barret County MARYLAND

Date 1895 Jan Month 28 Day 6 hours Y. M. M. D. Native of md Occupation

☒ Male ☐ Female ☐ White ☐ Colored ☐ Married ☐ Single ☐ Widow ☐ Widower ☐ Divorced Number of children living

Husband of
Wife

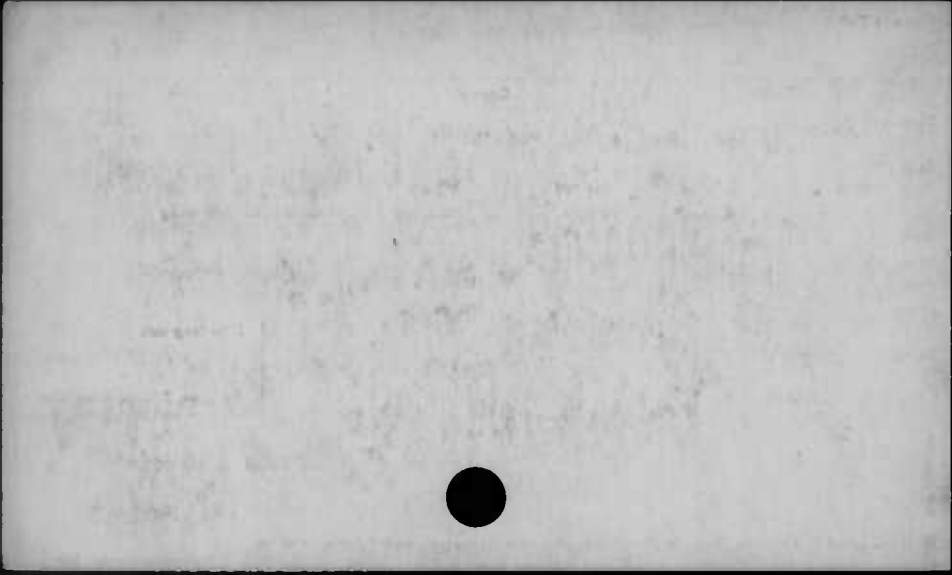
Father's Name Wahlon Muller Mother's Name Anno Eickens

Cause of Death ☐ Primary ☐ Immediate 161 How long sick 6 hours
Accident, Suicide, Homicide

Reported by W L Baran

Address Brandon

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Cornelius Miller

CERTIFICATE OF DEATH

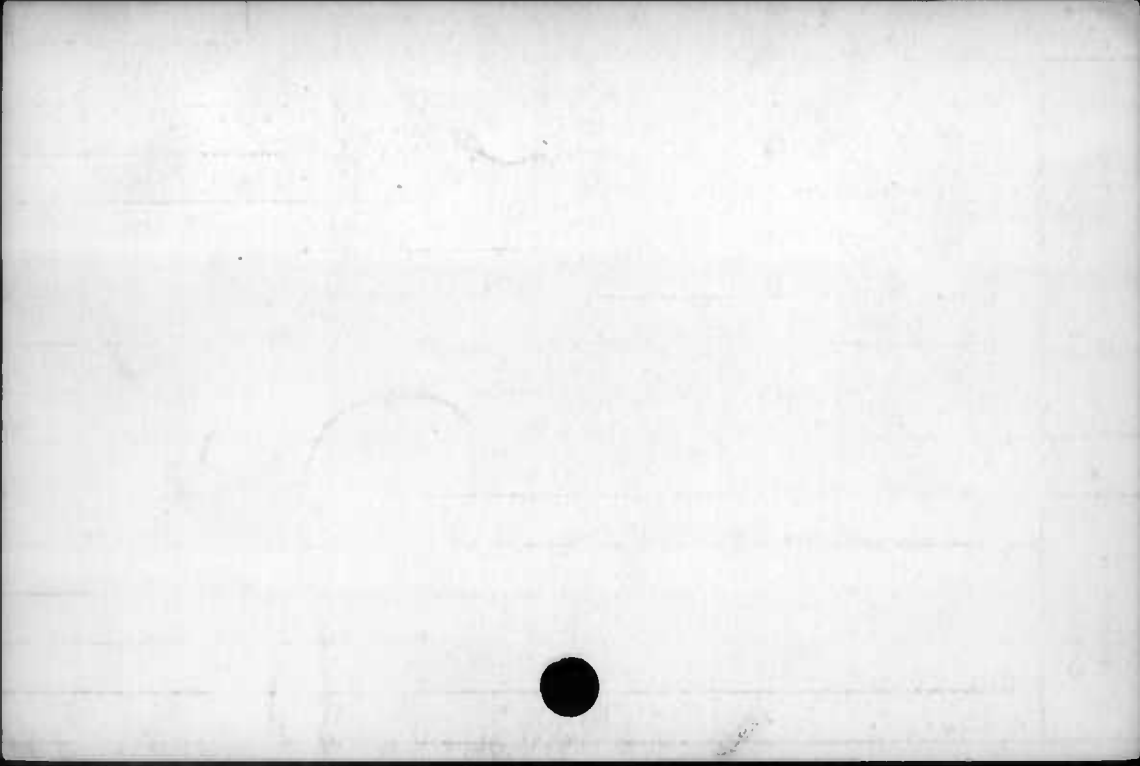
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|--|------------------------------------|-----------------|---------------|--|
| Died at <i>Ann Ireland</i> ^{Town} | | <i>Allegheny</i> ^{County} | | MARYLAND | |
| Date of death <i>1885</i> ^{Month} <i>July</i> ^{Day} <i>14</i> | Age <i>35</i> ^{Years} | | Months <i>—</i> | Days <i>—</i> | |
| Sex <i>Male</i> | Color or Race <i>White</i> | Birth-place <i>Wid.</i> | | | |
| Occupation <i>Labour</i> | Where Residing if not at place of death <i>—</i> | | | | |
| Married, Single or Widowed <i>Married</i> | Name of Wife or Husband <i>Rosa Pressman</i> | | | | |
| Father's Name <i>W.C.</i> | Father's Birthplace | | | | |
| Mother's Maiden Name <i>W.C.</i> | Mother's Birthplace | | | | |
| Name of person giving information <i>Louis Miller</i> | How related to deceased <i>Son.</i> | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|--|---|
| Primary <i>Extensive Scavels of body</i> | How long <i>Immediate</i> |
| Immediate | How long |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i> | Signature of Physician <i>Francis L. Cunningham</i> |
| | Address <i>Health Officer Ann Ireland Wid.</i> |
| Accident or Suicide? <i>?</i> | |



Name In Full

Certificate of Death

✓ John William Mills
 Town *Nutten* County *Dorchester*

Died at

MARYLAND

| Date 189 | Month | Day | Y. | M. | D. | Native of | Occupation |
|----------|-------------|----------|---------|---------------------------|----|-----------------|---------------|
| | <i>Sept</i> | <i>9</i> | Age | <i>84</i> | | <i>Maryland</i> | <i>Farmer</i> |
| Male | White | Married | Widow | Divorced | | | |
| Female | Colored | Single | Widower | Number of children living | | <i>One</i> | |

Husband of *Sallie Ann Mills*
 Wife

Father's Name *John Mills* Mother's Name *Nancy Christopher*

| Cause of | Primary | How long sick |
|----------|------------------|------------------------------------|
| Death | <i>Senility</i> | <i>5 months</i> |
| | <i>Immediate</i> | <i>Accident, Suicide, Homicide</i> |

Reported by *Howard Richardson undertaker*
 Address *Church Creek*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr. L. M. H.

of _____

Seen by Coroner _____

of _____

Information contained in this certificate received from _____

of _____

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Ladie M. Morgan

Town *Fairplay* County *Washington* MARYLAND

Died at *Fairplay*

Date of death *1888* Month *Feb* Day *27* Age *12* Years Months *—* Days *16*

Sex *F* Color or Race *White* Birthplace *Fairplay*

Occupation *—* Where Residing If not at place of death *—*

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *John Morgan* Father's Birthplace *Ind.*

Mother's Maiden Name *Emma Bohrer* Mother's Birthplace *Ind.*

Name of person giving Information *John S. Clark* How related to deceased *none*

CAUSES OF DEATH

6

PHYSICIAN
OR CORONER

Primary *measles* How long *—*

Immediate *—* How long *—*

Are the name, age, sex, color, date and place correctly given above? *—*

Signature of Physician *W. D. Richardson*

Address *Fairplay*

Accident or Suicide *—*



Name in Full

Certificate of Death

William Montgomery

Town

County

Died at

Frieder Charles

MARYLAND

Date 1898

Month

Day

Y.

M.

D.

Native of

Occupation

Jan. 24

Age 35 2 10

Chas Co

Farmer

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living 0

Husband

of

Fannie Montgomery

Father's

Mother's

Name

Edward Montgomery

Name

Margaret Davis

Cause of

Primary

{ Lip 9

How long sick

15 days.

Death

Immediate

~~Accident, Suicide, Homicide~~

Reported by

W. J. Thomas Jr. J.

Address

Frieder, Ind.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name in Full

Certificate of Death

Moore (M.D.R.)

Died at *Cornell* Town *Worcester* County **MARYLAND**

Date 189 *April 21* Month *April* Day *21* Y. *still born* M. *still born* D. *still born* Native of *still born* Occupation *still born*

Male ☐ White ☐ Married ☐ Widow ☐ Divorced ☐
 Female ☐ Colored ☐ Single ☐ Widower ☐ Number of children living *still born*

Husband of *still born*
 Wife *still born*

Father's Name *F. J. Moore* Mother's Name *Virginia Moore*

Cause of Death { Primary *still born* How long sick *still born*
 Immediate *still born* Accident, Suicide, Homicide *still born*

Reported by *John Moore*

Address *Cornell*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Levin Moore

Town

County

Died at

Berlin

Hancock

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

5 11

Age

79

Ga

Farmer

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

Single

Widower

Number of children living

2

Husband
of
Wife

Dead

Father's
NameMother's
Name

Cause of

Primary

Natural debility 141

How long sick

over 2 years

Death

Immediate

Accident, Suicide, Homicide

Reported by

Harry Pitts

Address

Berlin

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr. _____

of _____

Seen by Coroner _____

W. E. Hale
Berlin

Information contained in this certificate
received from *Harry Pitts*

of _____

Barbara Morgan

Town

County

Died near Rohersville

Wash

MARYLAND

Date 189 4 12 23 Age 65-11 9' Md. Occupation Housewife

Male ☒ White Married ☒ Widowed ☒ Divorced ☐ Female ☐ Colored ☐ Single ☐ Widower ☐ Number of children living 8

Husband of Joseph Morgan.

Wife of Joseph Morgan.

Father's Name John Beyer Mother's Name Elizabeth Beyer -

Cause of Death Primary Tuberculosis Pneumonia

How long sick 4 mo

Accident, Suicide, Homicide

Reported by C. L. Baker M. D.

Address Rohersville Md.



Ethel Mary Morgan

Town

County

Died at

Sparrows Pt.

Baltimore

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

Oct 31

Age

2

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Enterocolitis

82

How long sick

2 mos.

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

J. S. Woodward M.D.

Address

Sparrows Point, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Armstrong Lenny Co. Undertakers
715-High St.

Name in Full

Certificate of Death

James Morgan Insane Asylum
 Town County
 Died at Insane Asylum Chert Hill Cecil
 May Month Day Y. M. D. Native of Occupation
 Cecil Cecil
 Date May 31 Age 55-
 Male ~~Female~~ Married ~~Widow~~ ~~Divorced~~
~~Female~~ Colored Single Widower Number of children living 7
 Husband of Jane Morgan
 Father's Joseph Morgan Mother's
 Name Name
 Cause of Primary Apoplexy How long sick 2 days
 Death Immediate Accident, Suicide, Homicide
 Reported by B. B. Deane 42
 Address North Con

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65903



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

George Morningstar

Town

County

MARYLAND

Died at

Hagerstown Washington

Date

Month

Day

Years

Months

Days

of death

1900 About 1870 Unknown

Sex

Male

Color or
Race

White

Birth-
place

Occupation

Unknown

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Unknown

Father's
Name

Unknown

Father's
Birthplace

Mother's
Maiden Name

Unknown

Mother's
Birthplace

Name of person giving
Information

How related
to deceased

CAUSES OF DEATH

Primary

Unknown

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

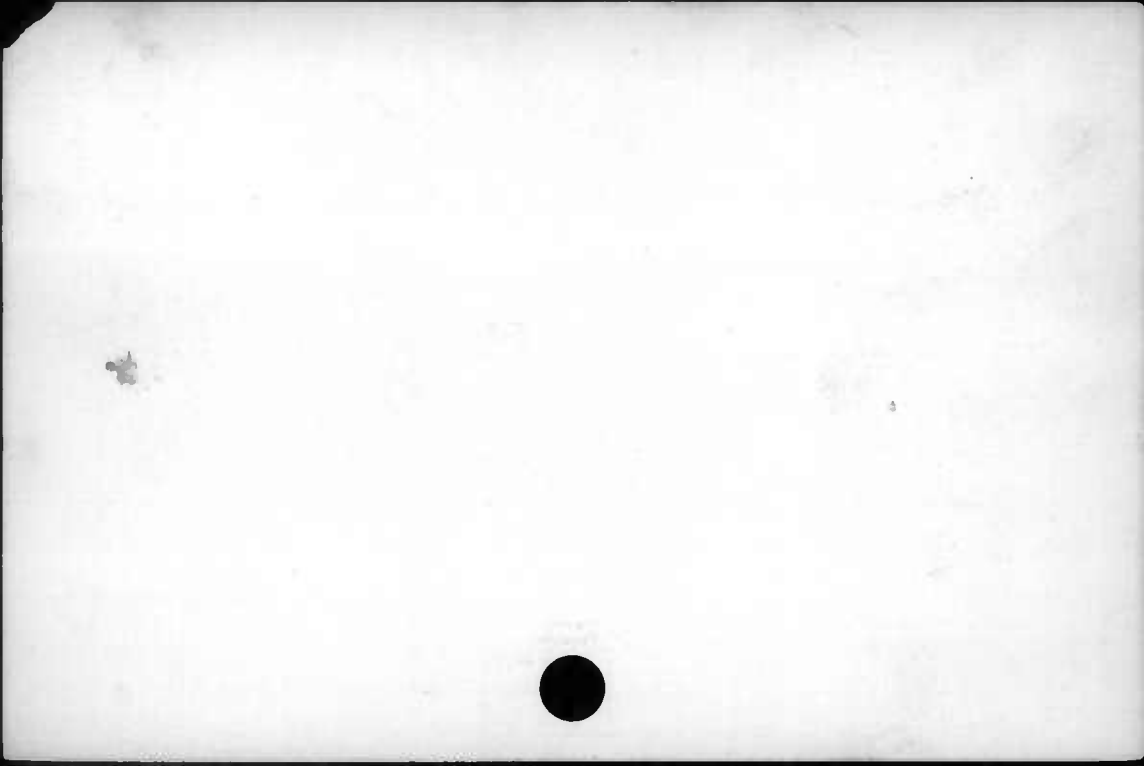
Signature of
Physician

Address

J. E. Pitman N.O.
Washington D.C.

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Mary Morristown Town *Hopkinton* County *Washington* MARYLAND

Died at *Hopkinton*

Date of death *190* *10* Month *18* Day *71* Age *9* Years *Unknown* Months *Unknown* Days *Unknown*

Sex *Female* Color or Race *White* Birthplace *Unknown*

Occupation *Unknown* Where Residing if not at place of death *Unknown*

Married, Single or Widowed *Unknown* Name of Wife or Husband *Unknown*

Father's Name *Unknown* Father's Birthplace *Unknown*

Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*

Name of person giving Information *Unknown* How related to deceased *Unknown*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Unknown* How long *Unknown*

Immediate *Unknown* How long *Unknown*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *J. E. Pelington*

Address *Ex 0*

Accident or Suicide *Unknown*



In
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

| | | | | | |
|---|---|--------------------------------|---------------|----------------|-----------------|
| Died at <u>Hagerstown</u> | | County <u>Maryland</u> | | MAYLAND | |
| Date of death <u>190</u> | Month <u>7</u> | Day <u>5</u> | Age <u>22</u> | Years <u>0</u> | Months <u>0</u> |
| Sex <u>Male</u> | Color or Race <u>White</u> | Birth-place <u>Rocky Mount</u> | | | |
| Occupation <u>None</u> | Where Residing if not at place of death <u>None</u> | | | | |
| Married, Single or Widowed <u>Single</u> | Name of Wife or Husband <u>None</u> | | | | |
| Father's Name <u>Richmond</u> | Father's Birthplace <u>None</u> | | | | |
| Mother's Maiden Name <u>Rocky Mount</u> | Mother's Birthplace <u>None</u> | | | | |
| Name of person giving Information <u>None</u> | How related to deceased <u>None</u> | | | | |

CAUSES OF DEATH

Primary

How long

Immediate

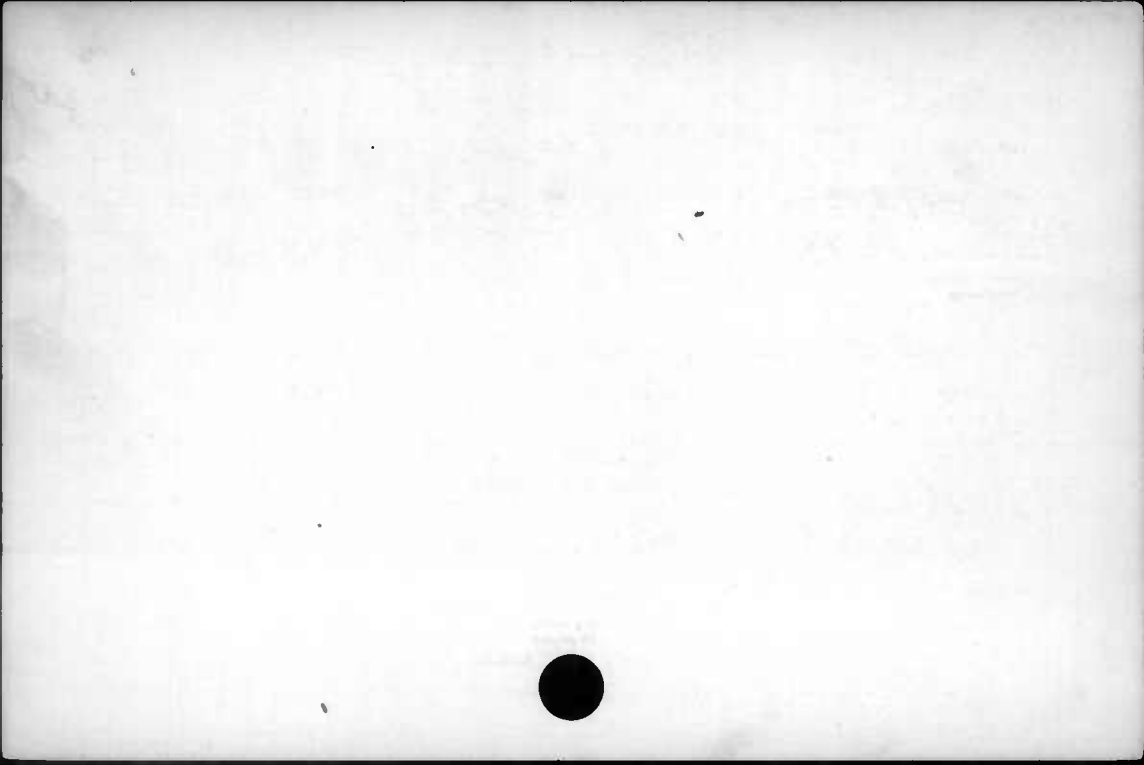
How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

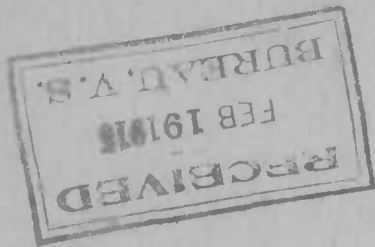
Address

Accident or Suicide



Died at *Center St Baltimore Co* *MARYLAND*
 Date 189 *July 23* Y. *19* M. *14* D. *6* Native of *Presler*
 Male *White* Married *no* Widowed *no* Divorced *no*
 Female *Colored* Single *no* Number of children living *Three*
 Husband of *James Morlene*
 Wife of *Joseph no Child* Mother's *Reckless*
 Name *Joseph no Child*
 Cause of Death { Primary *Balt itley* How long sick *6 days*
 Immediate *Cholera* Accident, Suicide, Homicide
 Reported by *Annie Kane 3720 Pratt St*
 Address *Wid Wife*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Ruby Pearl Morrison

Died at *Spumers Point* *Balto* *Maryland*

Date 189 *1* *May* *1st* Age *1* *Y.* *M.* *D.* Native of *Ind* Occupation *—*

Male *White* *Married* *Widow* *Divorced*

Female *Colored* *Single* *Widower* *Number of children living*

Husband
of

Father's Name *Daniel C. Morrison* Mother's Name *Lillie Schumacher*

Cause of Death { Primary *Bronchitis* How long sick *69* *5 days*

Death { Immediate *Exhaustion* Accident, Suicide, Homicide

Reported by

Frank C. Elbert M.D.

Address

Spumers Point Balto Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

Sarah Mose.

Town

County

MARYLAND

Died at

Sharpsburg

Washington

Date

1896

Month

March

Day

10th

Years

Age

65

Months

2

Days

17

Sex

Female

Color or
Race

White

Birth-
place

Virginia

Occupation

Where Residing if not
at place of death

Sharpsburg

Married, Single
or Widowed

Married

Name of Wife or
Husband

Samuel

Father's
Name

Jacob L. Lutz

Father's
Birthplace

Sharpsburg

Mother's
Maiden Name

Catherine Leifer

Mother's
Birthplace

Virginia

Name of person giving
Information

Liza Mose.

How related
to deceased

daughter

CAUSES OF DEATH

Primary

Pneumonia

How long

about 1 week

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

E. M. Garrett

Address

Sharpsburg, Md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



William Mosby

Town

County

MARYLAND

Died at *Hechester**Howard*

| Date 189 | Month | Day | Y. | M. | D. | Native of | Occupation |
|-------------------|------------------|--------------------|------------------|---------------------|----|---------------------------|------------|
| 8 | July | 2 | 71 | — | — | Maryland | Laborer |
| Male | White | Married | Widow | Divorced | | | |
| Female | Colored | Single | Widower | | | Number of children living | 3 |

Husband of *Jane Mosby*
 Wife
 Father's Name
 Mother's Name

| Cause of | Primary | How long sick |
|----------|----------------------------|--|
| Death | <i>Arterio Sclerosis</i> | <i>36 hours</i> |
| | <i>Cerebral hemorrhage</i> | Accident, Suicide, Homicide |
| | <i>Right hemiplegia</i> | |

Reported by *M. R. Careck*

Address *Elk Ridge*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

CHARTER

Do. Health, City, more

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately, out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *May 17, 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Laurence Mouran*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, *24* Years, _____ Months, _____

Color, *White* Sex, *Male*

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, *Turner*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Ireland*

Duration of Residence in the City of Baltimore, *27 Yrs*

Place of Death, { Give street and number. } *Bay View Asylum*

Cause of Death, { First (Primary,) *Softening of brain*
Second (Immediate,) *Dianthosa*

Duration of Last Sickness, _____

All the above information should be furnished by the Physician.

Place of Burial, *S^t Patrick's Cemetery*

Date of Burial, *May 19, 1877*

{ Undertaker, *M. A. Dwyer*
Place of Business, *74 S B'ing*

J. Geo. W. Deakle Medical Attendant
J. G. L. Borden M.D. Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to file within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

CERTIFICATE OF DEATH

following additional information is requested in relation to the causes of death enumerated below.

| | |
|--|---|
| ISM—Mode of Death. | MALIGNANT PUSTULE—Location and Cause. |
| SPIN. MENINGITIS—Variety, whether epidemic or simply Inflammatory. | MALFORMATION—Variety. |
| BIRTH—Circumstances producing Death. | METRITIS—Variety and Cause. |
| ER—Variety and Seat. | NECROSIS—Seat. Cause and Mode of Death. |
| PLUS—Mode of Death. | OVARIAN TUMOR—Mode of Death. |
| ITION—Mode of Death. | PARALYSIS—Variety and Cause. |
| SE OF HEART—Variety. Valves involved. | PERITONITIS—Cause. |
| SY—Variety and cause. | PHLEBITIS—Cause. |
| RITIS AND GASTRO ENTERITIS—Cause. Whether Diarrhoeal or not. | PYÆMIA—Cause. Nature of Injury, if any. |
| PELAS—Seat and Cause. | PREMATURE BIRTH—Cause. Fœtal age. |
| TURES—Cause and Mode of Death. | PRETERNATURAL BIRTH—Manner of. |
| RENE—Seat and Cause. | SYPHILIS—Variety, Chief Location and Mode of Death. |
| ITIS—Cause. | TETANUS—Nature of Injury, if any. |
| IA—Variety and Mode of Death. | ULCER—Nature, Chief Location and Mode of Death. |
| NITY—Variety and Mode of Death. | WOUNDS—Cause, Variety, Seat and Mode of Death. |
| DICE—Cause and Mode of Death. | ABSCESS—Cause, Location and Mode of Death. |
| A, ACUTE—Cause and Mode of Death. | Specify every Surgical operation with fatal result. |
| ARRIAGE—Cause and Mode of Death. | Mention INTemperance whenever recognized as having produced or complicated the direct cause of death. |

JAMES A. STEUART, M. D.
Commissioner of Health and Registrar.

Name In Full

Certificate of Death

Leon Moxley
 Town *Hamcock* County *Was* — MARYLAND
 Died at

Date 189 *March 14* Month *March* Day *14* Y. *1* M. *3* D. *3*
 Native of *Hamcock* Occupation
~~Male~~ *White* ~~Married~~ *Widow* ~~Divorced~~
 Female *Colored* *Single* *Widower* Number of children living

Husband of *Bastards*
 Wife
 Father's Name *Edward Moxley* Mother's Name *Mary Moxley*
 Cause of Death { Primary *Consumption* Immediate *22a* }
 How long sick *6 months*
 Accident, Suicide, Homicide

Reported by *Martin Jenkins F.D.*
 Address *Hamcock Was Co Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr.

of

J. A. West
Hanscock Mass

seen by Coroner

of

Information contained in this certificate
received from

of

Name in Full

Certificate of Death

Annie Myer

Town

County

Died at

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

7 June 25 Age 10 America none
~~Male~~ White Married Widow Divorced
 Female Colored Single Widower Number of children living

Husband of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

How long sick

Death

Immediate

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79003

Attended by Dr. _____

of _____

Seen by Coroner _____

of _____

Information contained in this certificate received

from Wilhelm Meyer

of 1411 Ramsey St

Name in Full

Certificate of Death

Maggie Myer

Town

County

Died at

MARYLAND

Date 1898

Month Day

Y. M. D.

Native of

Occupation

June 22

Age

7

American

None

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband of

Wife

Father's

Name

Wilhelm Myer

Mother's

Name

Annie Myer

Cause of

Primary

How long sick

Death

Immediate

Summer Complaint

~~Accident, Suicide, Homicide~~

Reported by

Mrs. Jos. B. Cook

Address

1003 NW 25th St

Removal from St. Paul Cemetery to Western Cem

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. _____

of _____

Seen by Coroner _____

of _____

Information contained in this certificate received

from *Hilhelm Meyer*

of *1411 Ramsey St.*

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Elizabeth Myers

Town

County

MARYLAND

Died at Auguststown

Washington

Date

1906

Month

May

Day

12

Years

Age

46

Months

7

Days

29

Sex

Female

Color or
Race

Colored

Birth-
place

Unknown

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Ben. Myers

Father's
Name

Unknown

Father's
Birthplace

Unknown

Mother's
Maiden Name

Unknown

Mother's
Birthplace

Unknown

Name of person giving
InformationHow related
to deceased

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide

PHYSICIAN
OR CORONER



Name in Full

Certificate of Death

William Myers

Town

County

MARYLAND

Died at

Fairbank

Talbot

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

Age

About 50 yrs

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

Dr. Lerman

Husband

of

Wife

Unknown

Father's

Mother's

Name

Unknown

Maiden Name

Unknown

Cause of

Primary

Acute Alcoholism

How long sick

A few minutes

Death

Immediate

Heart disease

Accident, Suicide, Homicide

Reported by

Dr. S. K. Wilson

Address

non resident -

Died suddenly

Unknown except

Tilghman & Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUPEAU, 70808

